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Examiners Committee of the New Jersey
State Board of Marriage and Family
Therapy Examiners

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FILED

March 11, 2010

STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
PROFESSIONAL COUNSELOR EXAMINERS COMMITTEE

Erin L. F. [Signature]

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
PROFESSIONAL COUNSELOR EXAMINERS
COMMITTEE OF THE STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE	:	Administrative Action
SUSPENSION OR REVOCATION OF	:	
THE LICENSE OF:	:	
 KELLY McGARVEY, LPC	:	CONSENT ORDER
LICENSE NO. 37PC00375200	:	
 TO PRACTICE PROFESSIONAL	:	
COUNSELING IN THE	:	
STATE OF NEW JERSEY	:	

This matter was opened to the Professional Counseling Examiners Committee of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter the "Committee"), upon receipt of a letter, dated February 2, 2010 from the National Council on Alcoholism and Drug Dependence - New Jersey (NCADD-NJ) that Ms.

McGarvey had relapsed in the use of alcohol and drugs and is not able to function as a Care Coordinator in the agency.

Respondent has agreed to the voluntary surrender of her license to practice professional counseling in the State of New Jersey in accordance with the terms of this Consent Order. The Committee finds the terms of this Consent Order to be adequately protective of the public interest, and respondent, without any admissions, and desiring to resolve this matter without further proceedings and waiving any right to such proceedings, has agreed to the terms of this Order;

IT IS, THEREFORE, on this 14th day of March, 2010,

ORDERED THAT:

1. Respondent, Kelly McGarvey, LPC shall immediately surrender her license to practice professional counseling in the State of New Jersey to be deemed a suspension of her license and shall cease and desist from such practice until further order of the Committee. Respondent shall deliver her 2008-2010 biennial renewal license (expiration date November 30, 2010), including her original wall certificate, license and wallet size credential forthwith to Ms. Elaine DeMars, Executive Director of the Professional Counselor Committee, P.O. Box 45040, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101 within five (5) days of the filing of this Consent Order.

2. Respondent shall not engage in any volunteer, compensated or uncompensated professional counseling or any other mental health counseling or life coaching unless and until she is duly authorized by the Committee or another appropriate licensing Board to do so.

3. Respondent shall engage in psychotherapy, with a licensed health care professional pre-approved by the Committee, who holds a minimum of a Masters Degree and has addiction counseling experience, for a minimum of two (2) years at a frequency to be determined by the therapist, but not less than once per week during the first year of treatment. Respondent shall submit the name of the therapist and credentials to the Committee for evaluation within ten (10) days of the filing of the within Consent Order. In the event the therapist is not approved by the Committee, respondent shall provide the credentials of an alternate therapist for approval within ten (10) days of notification that the therapist has not been approved. Unilateral cessation of treatment by respondent shall constitute a violation of this order. In the event respondent ceases therapy with her approved therapist, respondent shall notify the Committee in writing within three (3) days of the cessation of treatment with the reasons therefor and submit the name and credentials of an alternative therapist. Respondent shall provide all therapists and treating health care professionals with a copy of the within Order. Only periods of time during which respondent is in active therapy shall be counted toward the two (2) year period

required prior to submission of an application for reinstatement. The therapist shall sign a copy of the within Consent Order and shall provide detailed quarterly reports directly to the Committee expounding upon respondent's attendance and progress in therapy. Respondent shall continue therapy for a minimum of two years and then until such time as the therapist determines therapy is no longer required. In the event the therapist determines that therapy is no longer required, the therapist shall submit a report to the Committee stating the basis for ending therapy and recommendations for after-care.

4. Respondent shall ensure that the Committee receives quarterly reports from the therapist, the first report from the therapist shall be due three months from the entry of this Order. The therapist shall review the terms of the within Consent Order with respondent, and the report shall so indicate.

5. Respondent shall maintain absolute abstinence from all psychoactive substances unless prescribed by a treating physician and/or healthcare professional for a documented medical condition with immediate written notification to respondent's treating therapist.

6. Respondent shall not seek reinstatement of licensure for a minimum of two (2) years from the filing of the within Consent Order.

7. In the event respondent seeks reinstatement, she shall provide the following documentation to the Committee demonstrating that she is sufficiently rehabilitated to re-enter the practice of professional counseling:

a. Documentation demonstrating that respondent completed a minimum of two (2) years of successful alcohol/drug recovery.

b. A written up-to-date report signed and dated by a mental health professional, pre-approved by the Committee, who was respondent's primary counselor during treatment and recovery. The report shall include, at a minimum, evidence documenting respondent's compliance with a plan of recovery and a clinical opinion that the respondent is fit and competent, and sufficiently rehabilitated to re-enter the practice of professional counseling. The report should also include a recommended plan of treatment for the future.

c. Respondent shall undergo a minimum of twice-weekly random urine monitoring by a pre-approved monitor, for a minimum of the six (6) month period prior to any application for reinstatement of license. Copies of the results of any and all urine screening that occurred since the surrender of respondent's license shall be submitted to the Committee. The initial screen will utilize the EMIT technique and all confirming tests and/or secondary tests will be performed by gas chromatography/mass spectrometry. The testing procedure shall include a forensic chain of custody protocol to

ensure sample integrity and to provide documentation thereof. All urine screening reports shall be sent directly by the pre-approved monitor to the Committee. In the event there is a positive urine screen, the urine screen monitor shall notify the Committee in writing within three (3) days of receipt of the urine screen results.

d. A letter from each of respondent's treating physicians or other treating healthcare professionals listing all medications that are currently prescribed for the respondent, including the length of time each physician/healthcare professional has been prescribing each medication, quantity and frequency prescribed, and reason for the prescription(s).

e. Documentation of all attendance at self help groups during the entire period of suspension, which attendance shall be at a minimum of three (3) times per week.

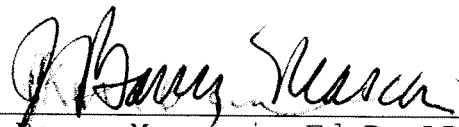
f. A statement signed and dated by the respondent representing whether or not there have been any "criminal actions" taken against her in New Jersey or any other jurisdiction since the surrender of her license to practice professional counseling. "Criminal actions" includes arrests, convictions for criminal offenses and/or motor vehicle offenses regardless of whether the charges/summonses were dismissed, she was found not guilty, plead guilty or entered a plea bargain. The signed statement must include the following language above her signature:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

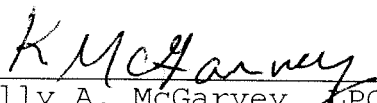
g. A letter describing in detail all employment, occupations and other activities respondent engaged in during the time respondent's license was surrendered.

8. In the event respondent seeks reinstatement of licensure and provides documentation demonstrating that she is sufficiently rehabilitated to re-enter the practice of professional counseling, respondent shall appear before the Committee, if so requested by the Committee. During the appearance before the Committee, the burden shall be on respondent to demonstrate that she is fit and competent to practice professional counseling, is sufficiently rehabilitated and has complied with the terms of this Consent Order.

PROFESSIONAL COUNSELOR COMMITTEE OF
THE NEW JERSEY STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS

By 
J. Barry Mascari, Ed.D., LPC
President

I have read and I understand the terms of this Order and agree to be bound by it. I consent to the entry of this Consent Order.


Kelly A. McGarvey, LPC

I have read the within Consent Order and agree as Ms. McGarvey's psychotherapist to provide the Committee with quarterly reports regarding her compliance with her treatment plan, and other reporting requirements herein.

(Print name)

Psychotherapist

Telephone #

(including area code and extension)

(Title and License #)

Dated: _____, 20____